Ministry of
Health

2014/15
Annual Service Plan Report

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Minister's Message and Accountability Statement

As the Health Minister, it is my pleasure to present the *2014/15 Annual Service Plan Report* for the Ministry of Health, outlining the ministry's progress in achieving its goals of delivering high-quality, patient-centred care to British Columbians.

Last year, the ministry presented the broad strategy and future direction of British Columbia's health care system with the release of *Setting Priorities for the B.C. Health System*.

While placing patients at the centre of health care delivery, the strategy aims to improve health outcomes and the overall health of the population; deliver responsive and effective services; and ensure we achieve the best value for our health care dollars.

To achieve this system-wide change, we are working collaboratively with our partners to build consensus moving forward. A series of ministry policy papers were published to guide discussions with stakeholders on key health care priorities. These discussions will help shape the future of our health care system.

B.C. continues to have among the best health outcomes in Canada, while spending the third lowest per capita on health care. Through our efforts, we are improving the quality of care British Columbians receive, while focusing our spending on where it counts – on patient care.

We continue to make strides in our efforts to establish a strong primary and community care system – allowing residents to receive the health care they need no matter where they live. This includes actions such as A GP for Me that connects patients to family physicians, team-based care supported by Divisions of Family Practice, increasing the scope of practice for nurse practitioners, and using videoconferencing to put patients in touch with specialists.

We are supporting the most vulnerable British Columbians – frail seniors, those with chronic diseases and people affected by mental health and substance use concerns – through the establishment of the Seniors Advocate, the development of a preventative health plan, and the continued implementation of our 10-year mental health plan.

The ministry will continue to work towards ensuring the right care is provided in the right place at the right time. By making changes to B.C.'s health care system today, we will create a sustainable system that remains strong for our children and grandchildren.

The *Ministry of Health 2014/15 Annual Service Plan Report* compares the actual results to the expected results identified in the *Ministry of Health 2014/15 – 2016/17 Service Plan*. I am accountable for those results as reported.

Honourable Terry Lake
Minister of Health

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Purpose of the Ministry

The Ministry of Health (the Ministry) has overall responsibility for ensuring that quality, appropriate, cost-effective and timely health services are available for all British Columbians. The Ministry is responsible for provincial legislation and regulations related to health care, including the *Medicare Protection Act* and the *Health Professions Act*. The Ministry also directly manages a number of provincial programs and services, including the Medical Services Plan, which covers most physician services; PharmaCare, which provides prescription drug insurance; and the BC Vital Statistics Agency, which registers and reports on vital events such as a birth, death or marriage.

The province's health authorities are the organizations primarily responsible for health service delivery. Five regional health authorities deliver a full continuum of health services to meet the needs of the population within their respective geographic regions. A sixth health authority, the Provincial Health Services Authority, is responsible for managing the quality, coordination and accessibility of services and province-wide health programs. The Ministry also works in partnership with the First Nations Health Authority to improve the health status of First Nations in British Columbia.

Strategic Direction and Context

Strategic Direction

The Ministry of Health receives its strategic direction from clearly identified government priorities set forth in the government strategic plan and the Minister's Mandate Letter from the Premier. Incorporating this direction, in February 2014, the Ministry released *Setting Priorities for the B.C. Health System*, which presents the strategic and operational priorities for the delivery of health services across the province.

Successfully achieving the Ministry's strategic vision will require close collaboration with partners, including health authorities, physicians and health care providers, unions, patients and other stakeholders, in shaping and implementing key areas of focus. This collaborative approach aligns with the *Taxpayer Accountability Principles*, which strengthen two-way communication between government and provincial public sector entities, promotes cost control and helps create a strong, accountable relationship between government and agencies. Recognizing that public sector organizations have both an ethical and fiduciary accountability to the taxpayer, enhanced performance management will ensure the delivery of patient-centred health services while promoting quality and containing costs.

Strategic Context

British Columbians have thousands of successful interactions with the health care system every day, with multiple examples of excellent results: high quality maternity care; high quality acute care, critical and trauma care services; excellent cancer care and treatment; high quality elective surgeries; exceptional diagnostic services; and a highly trained health workforce. Citizens of B.C. enjoy some of the best health indicators in the world, pointing to the underlying strength of the province's social determinants of health and the quality of its health care system.

B.C. has made meaningful progress in improving services across a range of areas over the past several years; however, there are several service areas that have remained problematic and resistant to

successful resolution, despite significant effort. Challenges persist with respect to access to family physicians and primary care in many communities; providing access to child and youth mental health services and effectively treating some adult patients with moderate to severe mental illnesses and/or addictions; proactively responding to the needs of the frail elderly who may require complex medical supports and assistance with activities of daily living in order to remain living in the community; providing emergency response and emergency health care services in some rural and remote areas; emergency department congestion in some large hospitals; long wait times for some specialists, diagnostic imaging, and elective surgeries; stress on access to inpatient beds in some hospitals; and responding to the changing needs of patients in residential care in terms of dementia.

For more detailed information on the B.C. health system, priority populations and key service areas, please see *Setting Priorities for the B.C. Health System*.

Report on Performance

The Minister's Mandate Letter directs the Ministry of Health to ensure maximum value for taxpayers while providing maximum benefit to patients. Progress has been made against the priorities outlined in the mandate letter in the areas of balanced-budget, care in the community, end-of-life, mental health, and preventative health services. The goals, objectives and performance measures in the *Ministry of Health 2014/15 – 2016/17 Service Plan* were updated to reflect the renewed strategic priorities for the health system. The priorities focus on supporting the health and wellbeing of British Columbians, delivering health care services that are responsive and effective, and ensuring value for money in the health system. Underlying these goals is the principle of patient-centred care: a sustained focus on shifting the culture of health care in B.C. to put patients at the centre, which will continue to drive policy, accountability, service design and delivery in the coming years.

In June 2014, the B.C. government introduced the *Taxpayer Accountability Principles* to ensure fiscal responsibility and transparency across government, including the health authorities. The Ministry enjoys a close and productive working relationship with the health authorities, and routinely engages with them to ensure government direction on strategic and operational priorities is understood. This collaborative approach aligns with the requirements of the *Taxpayer Accountability Principles*, and has enabled the Ministry to make significant progress against a number of action items in the 2014/15 fiscal year, including regular Minister and health authority board meetings, monthly meetings of the Deputy Minister and health authority Chief Executive Officers, publication of the health authority Codes of Conduct, and the development of 2015/16 Health Authority Mandate Letters.

Goals, Objectives, Strategies and Performance Results

Goal 1: Support the health and well-being of British Columbians.

In collaboration with its health sector partners, the Ministry promotes health as a valued outcome of policies and programs in order to make long term sustainable changes for improved health across the province.

Objective 1.1: Targeted and effective primary disease prevention and health promotion.

Chronic disease is the largest cause of death and disability, represents the largest proportion of the burden of disease, and drives a significant part of downstream health costs in B.C. Evidence suggests that, over time, a primary prevention and health promotion agenda can make progress in improving the overall health of the population.

Strategies

- Work with provincial health authorities and other partners to deliver Healthy Families BC, the provincial chronic disease and injury prevention plan that focuses on providing evidence-based programs, services and interventions to address major risk and protective factors across the life cycle.
- Continue to work with health authorities, physicians and other partners to improve the health of British Columbians by supporting communities, schools, workplaces and health care settings in promoting healthy lifestyles and creating healthy environments.
- Continue to implement *Healthy Minds, Healthy People: A Ten-Year Plan to Address Mental Health and Substance Use in British Columbia* by working with ministries, health authorities and other partners to ensure alignment with the plan's focus on prevention and supporting mental well-being.
- Continue to improve health outcomes for Aboriginal communities by working with the First Nations Health Authority and respecting the commitments outlined in the British Columbia Tripartite Framework Agreement on First Nation Health Governance, the Tripartite First Nations Health Plan and the Métis Nation Relationship Accord.

Performance Measure 1: Healthy communities.

Performance Measure	2011/12 Baseline	2012/13 Actual	2013/14 Actual	2014/15 Target	2014/15 Actual	2015/16 Target	2016/17 Target
Per cent of communities that have completed healthy living strategic plans.	13%	25%	30%	35%	48% EXCEEDED	45%	50%

Data Source: Survey, Healthy Living Branch, Population and Public Health Division, Ministry of Health.

Discussion

This performance measure focuses on the proportion of the 162 communities in British Columbia that have developed healthy living strategic plans. Community efforts to support healthy living through planning, policy, built environments and other mechanisms are critical to engaging individuals where they live, work and play. Sustained community level action is understood to decrease the number of British Columbians who develop chronic diseases. The Ministry exceeded its target for this measure, and will continue to build upon successes achieved to date in order to continue supporting and promoting the health and well-being of British Columbians.

Goal 2: Deliver a system of responsive and effective health care services across British Columbia.

In order to deliver responsive and effective health care services, the Ministry and its partners aim to shift the culture of health care from being disease-centred and provider-focused to being patient-centred. This shift requires understanding of and responsiveness to patient needs, values and preferences as the primary drivers of daily practice at all levels, in a respectful and accountable manner in alignment with the *Taxpayer Accountability Principles*.

Objective 2.1: A provincial system of primary and community care built around inter-professional teams and functions.

The roles of family physicians, primary and community care professionals and support staff are central to the effort of supporting patients suffering from frailty, chronic diseases, mental health and substance use conditions. A focus on effective team-based practices and healthy partnerships between care providers and health care administrators will facilitate better care for all British Columbians, particularly those who are more vulnerable, with a key objective of reducing preventable hospitalization.

Strategies

- Implement a system of team-based practices at the community level, improving access to primary health care across the province with a strong focus on populations and individuals with high health and support needs: people with chronic diseases, mental illnesses and substance use, people with significant disabilities and the frail senior population.

- Work with rural communities, including First Nations, to implement a renewed approach to providing quality health services across rural and remote areas.
- Provide end-of-life care services including hospice space expansion, home-based palliative care, and clinical guidelines to support those at the end of life with greater choice and access to services.
- Improve access to addiction treatment, including creating an additional 500 addictions spaces by 2017.

Objective 2.2: Strengthened interface between primary and specialist care and treatment.

In a high functioning health system, patients with conditions requiring specialist services experience seamless and timely access to the services they need. A priority area for further improvement is the ability of family physicians to facilitate timely access to specialist levels of care for their patients when needed.

Strategies

- Collaborate with physicians and health authorities to explore and implement options for ensuring timely access to medical and surgical specialty consultation in communities across B.C.
- Continue using patient focused funding initiatives and delivery models to improve access and outcomes in medical and surgical services.

Objective 2.3: Timely access to quality diagnostics.

Access to evidence-informed diagnostic services is critical to seamless and timely care. As demand for diagnostic imaging and laboratory testing rises, continuous improvement in both quality and cost are important elements of a sustainable strategy for the health system.

Strategies

- Establish diagnostic imaging as an integrated provincial system, enhancing access to appropriate services such as MRI and CT exams through evidence-informed ordering guidelines and improved coordination to reduce unnecessary duplicate testing.
- Complete the province's laboratory reform initiative to drive quality, coordinate investments in new technology and optimize value for money.

Objective 2.4: Renewed role of hospitals in the regional health care continuum.

Acute care is the largest and most expensive sector in the health care system. Within this sector, the use of hospitals is changing. Advances in technology and techniques have led to less use of inpatient beds for surgical recovery as outpatient day surgery has increased. A majority of the inpatient bed capacity in many hospitals is now used for our growing population of frail seniors, and we must ensure those services are delivered appropriately for those patients. There is a need and opportunity to better link the acute care system to the regional and community systems, improve provincial coordination, and ultimately improve the quality of acute care services delivered to B.C. patients.

Strategies

- Improve the link between hospitals, primary care and other care providers in communities.
- Explore opportunities to use hospitals more effectively, including shifting to community based delivery of services where appropriate and using outpatient clinics.
- Explore patient pathways or services for frail seniors that avoid hospitalization.
- Ensure hospitals are operating and managed to meet the changing health needs in the province, including strengthening relationships between health administration, physicians, nurses and allied health and support staff.

Objective 2.5: Increased access to an appropriate continuum of residential care services.

The population requiring residential care has varied health and social care needs. A key priority of the health care system is to work with partners to ensure the right mix of services for frail seniors and others that best meet the needs of patients.

Strategies

- Develop residential care models and quality standards for patients with dementia and younger populations with special needs such as chronic severe mental illness.
- With the advice of B.C.'s Seniors Advocate, improve the home and community care system, including the use of technology for home health monitoring, better address the needs of B.C.'s seniors who require these services, and strengthen protections from abuse and neglect.

Performance Measure 2: Access to full service primary care.

Performance Measure	2013 Baseline	2014 Target	2014 Actual	2015 Target	2016 Target
Per cent of family physicians participating in the "A GP For Me" full service family practice initiative.	65%	75%	75% ACHIEVED	80%	85%

Data Source: Medical Services Plan, Integrated Primary and Community Care Branch, Health Services Policy and Quality Assurance Division, Ministry of Health.

Notes: Data for this measure is collected on a calendar year basis.

Discussion

Better health outcomes for patients start with a strong primary care system. When a patient has an ongoing, continuous relationship with a family doctor who knows their background and medical history, they will receive better care overall, from preventative care to more accurate diagnoses, better medication management and better coordination with other health care providers. Sponsored by the Ministry of Health and Doctors of BC, 'A GP for Me' is aimed at improving quality health care in community settings and improving the health outcomes of British Columbians by helping to improve access to a family doctor. By signing up for 'A GP for Me', a family doctor commits to providing full-service family practice to all of his or her patients, thereby supporting relationship-based care for both current and newly attached patients. 'A GP for Me' also provides support for doctor-patient telephone consultations and increased funding to look after patients with chronic diseases.

Performance Measure 3: Chronic disease hospital admissions.

Performance Measure	2010/11 Baseline	2012/13 Actual	2013/14 Actual	2014/15 Target	2014/15 Actual*	2015/16 Target	2016/17 Target
Number of people under 75 years with a chronic disease admitted to hospital (per 100,000 people aged less than 75 years).	265	263	262	250	278 NOT ACHIEVED	245	240

Data Source: Discharge Abstract Database, Business Analytics Strategies and Operations Branch, Health Sector Planning and Innovation Division, Ministry of Health; P.E.O.P.L.E. 37 population estimates, BC Stats, Ministry of Labour, Citizens' Services and Open Government; 2012

*Partial-year data (at third quarter of 2014/15).

Discussion

This performance measure tracks the number of people with selected chronic diseases such as asthma, chronic obstructive pulmonary disease, heart disease and diabetes who are admitted to hospital. It is an indirect measure of access to primary care and the capacity of the system to manage chronic conditions. A low rate of admissions is believed to indicate good management of these conditions outside the hospital setting. Managing certain conditions in the community helps to maintain functioning and reduce hospitalizations, emergency department visits, some surgeries and repeated diagnostic testing, all of which benefit the patient and help control the costs of health care.

While the rate of 250 for 2014/15 was an ambitious target and not achieved, British Columbia still maintains the lowest rate in Canada. The Ministry will continue to focus on providing more options and better care in settings outside of hospital for those with chronic diseases.

Performance Measure 4: Access to non-emergency surgery.

Performance Measure	2013/14 Baseline	2014/15 Target	2014/15 Actual	2015/16 Target	2016/17 Target
Per cent of non-emergency surgeries completed within 26 weeks.	90%	92%	87.3% NOT ACHIEVED	93%	95%

Data Source: Surgical Wait Times Production (SWTP), March 2015 (Site 130). Includes all elective adult and pediatric surgeries.
Notes: Baseline is for surgeries completed from April 1, 2013 to March 31, 2014. Target per cents are for surgeries completed in the fiscal year.

Discussion

This performance measure tracks whether scheduled surgeries are completed within the maximum established benchmark wait time of 26 weeks. In the last several years, British Columbia's health system has successfully reduced wait times for many surgeries. Expanded surgical activity and funding incentives, combined with continuous efforts to foster innovation and efficiency in British Columbia's hospitals, continue to improve the timeliness of access to an expanding range of surgical procedures.

The target of 92 per cent for fiscal year 2014/15 has not been met as there has been a focus across the province to serve patients who have been waiting the longest for their surgeries. In 2014/15, the province increased surgeries by 26 per cent compared to 2013/14 for those waiting longer than 26 weeks.

Goal 3: Ensure value for money.

To achieve value for money in health care, the Ministry must ensure health system resources are used in the most efficient and effective way possible. On a strategic level, this includes not only what services and initiatives are focused on, but also how they are implemented and managed.

Objective 3.1: Evidence-informed access to clinically effective and cost-effective pharmaceuticals.

Pharmaceuticals play an important role in B.C.'s health care system. They treat and prevent the spread of disease, control pain, and can improve quality of life for many people. Through Fair PharmaCare, government maintains continued focus on ensuring timely and evidence-informed access to pharmaceuticals that are safe, therapeutically beneficial and cost-effective. This will improve both patient care and value for money in the health system.

Strategies

- Deliver an accessible, responsive, evidence-informed, sustainable drug program.
- Develop opportunities for pharmacists and physicians to work together to improve the optimal use of drugs for best patient outcomes.

- Continued focus on coverage for eligible prescription drugs and designated medical supplies through the Fair PharmaCare plan.
- Leverage programs such as Lowest Cost Alternative and Reference Drug Program to achieve the best therapeutic value and price for publicly funded pharmaceuticals.
- Engage in the Council of the Federation's Pan-Canadian Pricing Alliance for brand and generic drugs.

Objective 3.2: Align workforce, infrastructure, information management and technology resources to achieve patient and service outcomes.

A high performing health system is one that uses its resources in the best way possible to improve health outcomes for patients. Ensuring the health system has sufficient numbers and the right mix of health professionals is key to providing the services that will meet British Columbians' needs now and in the future. Health care providers must also be appropriately supported by leadership, information management systems, technologies and the physical infrastructure to deliver high quality services as efficiently as possible.

Strategies

- Develop and implement an integrated provincial workforce strategy to ensure British Columbia has the required supply of health care providers, their skills are being used effectively and the health care workforce is engaged, skilled, healthy and well-led.
- Enable B.C.'s Nurse Practitioners to practice to their full scope by working with regulatory bodies and professional organizations.
- Examine the use of other health professionals in team-based care, including the use of physician assistants, to supplement available medical services throughout the health system.
- Continue to modernize the health system through information management and technology by expanding the capability for system interoperability to enable referrals, improve wait time management and improve the exchange of patient information across service areas to support inter-professional care teams in the delivery of high quality patient care while ensuring privacy.
- Expand telehealth to support patients with chronic diseases, mental illness and substance abuse, access to specialists and acute care services in remote service areas.
- Enable electronic prescribing across the health system to support greater efficiency, patient safety and medication management.

Objective 3.3: Drive budget management, efficiency, collaboration and quality improvement to ensure sustainability of the publicly funded health system.

An efficiently managed health system ensures resources are spent where they will have the best health outcome. A focus on budget management and efficiency, along with collaboration and quality improvement, must be continually pursued in partnership with health authorities and other

stakeholders to ensure our publicly funded health system is effective and affordable for the citizens of British Columbia.

Strategies

- In collaboration with health system partners, implement a plan for the health system that includes building capacity for change and ensuring accountability.
- Support the strategic and operational review of the Fraser Health Authority and ensure that all health authorities benefit from its results in addressing service and fiscal pressures to facilitate the delivery of quality and sustainable healthcare services across the province.
- Drive clinical quality improvement throughout the health system, including through a guideline-based clinical care management system designed to assure a high standard of care and improve patient experience of care.
- Review funding models, strengthen cost management systems and build reporting capacity to ensure effective management of funds to achieve patient and service outcomes.
- Utilize Lean Design principles across the health system to eliminate waste, improve services to patients and improve the quality, productivity and efficiency of health care processes.
- Continue consolidation of corporate, clinical support, purchasing and administrative functions to achieve savings and quality improvements across the province.
- Continue to develop performance monitoring tools and performance management practices to assist clinical and management decision making and optimize health expenditures.

Financial Report

Management Discussion and Analysis

The Ministry of Health 2014/15 budget was $16.936 billion. Actual operating expenditures for the fiscal year ending March 31, 2015, were $16.916 billion, resulting in an operating surplus of $19.6 million or 0.1 per cent of the annual budget prior to the accounting entry for adjustment of prior year's accrual.

The significant operating variances were:

Regional Services: The deficit is primarily due to additional transfer payments to external agencies.

Medical Services Plan: The surplus is primarily due to lower than anticipated utilization of fee-for-service, physician compensation programs, nurse practitioner and out of country services, partially offset by higher than anticipated expenditures for committee initiatives.

Stewardship and Corporate Services: The surplus is primarily due to savings in salaries and professional contracts.

Financial Report Summary Table

	Estimated	Other Authorizations	Total Estimated	Actual	Variance
Operating Expenses ($000)					
Health Programs					
Regional Services	11,523,775		11,523,775	11,561,804	38,029
Medical Services Plan	4,061,832		4,061,832	4,025,997	(35,835)
PharmaCare	1,079,453		1,079,453	1,078,985	(468)
Health Benefits Operations	38,052		38,052	37,510	(542)
Vital Statistics	7,084		7,084	6,311	(773)
Sub-Total	**16,710,196**		**16,710,196**	**16,710,607**	**411**
Executive and Support Services					
Minister's Office	719		719	710	(9)
Stewardship and Corporate Services	225,155		225,155	205,126	(20,029)
Sub-Total	**225,874**		**225,874**	**205,836**	**(20,038)**
Recoveries – Health Special Account	(147,250)		(147,250)	(147,250)	0
Total Vote 28	**16,788,820**		**16,788,820**	**16,769,193**	**(19,627)**
Health Special Account	147,250		147,250	147,250	0
Sub-Total – Operating Expenses	**16,936,070**		**16,936,070**	**16,916,443**	**(19,627)**
Adjustment of Prior Year Accrual[1]	0		0	(49,647)	(49,647)
Total – Ministry of Health	**16,936,070**		**16,936,070**	**16,866,796**	**(69,274)**

Ministry Capital Expenditures (Consolidated Revenue Fund) ($000)					
Ministry Operations					
Stewardship and Corporate Services	8,326	0	8,326	3,018	(5,308)
Total - Ministry of Health	**8,326**	0	8,326	3,018	(5,308)
Consolidated Capital Plan ($000)					
Health Facilities[2]	423,956	0	423,956	378,668	(45,288)
Total - Ministry of Health	**423,956**		**423,956**	**378,668**	**(45,288)**

[1] Reversal of prior year over accruals is the total amount from the prior year's accruals that was not needed. The credit was not available for spending.

[2] Only the portion of health authority capital spending funded through restricted capital grants is included. This excludes capital funding through public private partnership debt as well as other funding sources (regional hospital districts, foundations, health authority own-source funding).

Income Statement for Health Authorities

As required under the *Budget Transparency and Accountability Act*, British Columbia's six health authorities and ten hospital societies are included in the government reporting entity. The health authorities have been primary service delivery organizations for the public health sector for several years and many of the performance measures and targets included in the Ministry's Service Plan are related to services delivered by the health authorities. The majority of the health authorities' revenues and a substantial portion of the funding for capital acquisitions are provided by the province in the form of grants from Ministry budgets.

Description	2014/15 Budget	2014/15 Actual	Variance
Health Authorities and Hospital Societies – Combined Income Statement ($000)			
Total Revenue[4]	13,108,000	13,166,000	58,000
Total Expense[5]	13,108,000	13,153,000	45,000
Operating Results	0	13,000	13,000
Gain (Loss) on sale of Capital Assets	0	(1,000)	(1,000)
Net Results	**0**	**12,000**	**12,000**

NOTES:

[4] Revenues: Includes provincial revenue from the Ministry of Health, plus revenues from the federal government, co-payments (which are client contributions for accommodation in care facilities) and fees and licenses.

[5] Expenses: Provides for a range of health care services, including acute care and tertiary services, residential care, mental health services, home care, home support, and public health programs.

Major Capital Projects

Capital investment ensures the province's health infrastructure is maintained and expanded to meet the growing population and its need for health services. The health sector invests in health facilities such as hospitals, clinics and residential and complex care buildings. Capital investment is also made in medical equipment, including CT scanners, MRIs, laboratory systems and surgical equipment. In addition, investments in information technology and information management systems improve service quality and efficiency, and increase access to services, particularly in rural areas.

The province's health authorities and the Ministry collaborate on financial and infrastructure planning to ensure capital investments in the health system are strategic and cost effective. Recognizing the significant cost and long lifespan of most capital investments – both in acquisition and use – the Ministry and health authorities maintain three-year capital expenditure plans, aligned with other health sector planning. This planning horizon enables the Ministry to better anticipate future demand for health services, resulting from a growing and aging population and medical and technological innovations, and to plan and prioritize long term capital investments.

Major capital projects currently underway or in planning include:

Interior Heart and Surgical Centre, Kelowna
The Interior Heart and Surgical Centre project will include a new, state-of-the-art general operating suite, inpatient surgical unit, and a new laboratory to replace aging facilities currently in use at Kelowna General Hospital. A new 13,166 square metre (141,718 square foot) building will be constructed to house the Interior Heart and Surgical Centre. The new building is being built on the site of the former Pandosy building. The programs housed at Pandosy were relocated to the new patient care tower and a new clinical support building. The existing surgical suite will be relocated to the new Interior Heart and Surgical Centre that will include room for future expansion of surgical services. Also included will be an expansion of support services for the cardiac program, such as central sterilization services. The surgical suite will be fully integrated with the cardiac revascularization program. The new buildings will be designed to Leadership in Energy and Environmental Design (LEED) Gold standards, and will maximize interior and exterior wood construction. In March 2014, Government approved a project scope change to include a partial fourth floor to the new Interior Heart and Surgical Centre to house the perinatal suite closer to the new operating suite. Floors 1 to 3 of the Interior Heart and Surgical Centre will be open for patients by late September 2015 and the fourth floor in spring 2016. Final renovations to other areas of the hospital will be completed by Spring 2017. The cost of the project is estimated at $381 million. A portion of the project is cost shared with the Central Okanagan Regional Hospital District.

For more information on the Interior Heart and Surgical Centre, please see the website at http://www.interiorhealth.ca/sites/BuildingPatientCare/IHSC/Pages/default.aspx.

Children's and Women's Hospital Redevelopment
The redevelopment of BC Children's Hospital and BC Women's Hospital, both agencies of the Provincial Health Services Authority, will be completed in three phases. The first phase included opening three additional neonatal intensive care unit (NICU) beds at BC Women's Hospital to help care for the province's most vulnerable patients. Those additional beds became part of the provincial network of NICU beds. First phase work also included: site preparations for the new hospital;

constructing additional academic space for UBC; and constructing a new clinical support building. The second phase of the project consists of construction of a new 59,400 square metre (639,400 square foot) Teck Acute Care Centre (underway) and renovations to the BC Women's Assessment Room in the 1982 Building. The new Acute Care Centre is expected to be open for patients in fall 2017. The third phase includes a 10 bed expansion of single room maternity care, and relocation of Sunny Hill Health Centre for Children into renovated space in the 1982 Building at the Oak Street campus. The total project cost for all phases is estimated at $678 million. The BC Children's Hospital Foundation committed $150 million towards the project.

For more information on the Children's and Women's Hospital Redevelopment project, please see the website at http://newcw.phsa.ca.

North Island Hospitals Project
The North Island Hospitals Project includes a new 95-bed hospital in Campbell River and a new 153-bed hospital in the Comox Valley. Construction of both hospitals commenced in August 2014 and both are scheduled for completion in spring 2017. The estimated capital cost of $606 million for the project will be shared by the B.C. Government and the Comox Strathcona Regional Hospital District. The new Campbell River Hospital will be approximately 32,300 square metres (347,700 square feet) and built on the existing hospital site. The new Comox Valley Hospital will be approximately 39,800 square metres (428,400 square feet) and built near the intersection of Lerwick and Ryan Roads in Courtenay, adjacent to the North Island College campus.

For more information about the North Island Hospitals Project, please see the website at http://nihp.viha.ca/.

Lakes District Hospital and Health Centre (Burns Lake)
The new Lakes District Hospital and Health Centre in Burns Lake officially opened to the public on February 4, 2015. The project generated approximately 200 direct jobs during the construction period. The new hospital has 16 beds and provides acute care and emergency services, diagnostic imaging, a laboratory and pharmacy. Space also is planned for a medical clinic along with the delivery of mental health and addictions services, public health, and home and community care. The facility is a two-storey building of approximately 6,100 square metres (65,000 square feet). The hospital is a green and energy efficient facility designed to achieve Leadership in Energy and Environmental Design (LEED) Gold certification. Decommissioning of the old hospital structure started on March 2, 2015. Parking lot construction and landscaping will follow with estimated completion in September 2015. The total capital cost of the project is estimated at up to $55 million. The project is cost shared with the Stuart-Nechako Regional Hospital District.

For more information about the Lakes District Hospital and Health Centre Project, please see the website at https://northernhealth.ca/AboutUs/CapitalProjects/LakesDistrictHospitalProject.aspx.

Queen Charlotte/Haida Gwaii Hospital (Village of Queen Charlotte)
Construction of the new Queen Charlotte hospital commenced in September 2014, and is planned to open for patients in spring 2016. The replacement facility is approximately 5,000 square metres (54,000 square feet) and includes eight inpatient beds and one dedicated labour, delivery and recovery suite as well as a new home and community care house with eight residential care beds for clients with complex needs. There will also be dedicated space for diagnostic imaging, laboratory and

pharmacy services along with the delivery of public health, mental health and addictions, home and community care services as well as local physician and emergency services. The hospital is a green and energy efficient facility designed to achieve Leadership in Energy and Environmental Design (LEED) Gold certification. The total capital cost of the project is estimated at up to $50 million. The project is cost shared with the Northwest Regional Hospital District.

For more information about the Queen Charlotte/Haida Gwaii Hospital Project, please see the website at http://northernhealth.ca/AboutUs/CapitalProjects/QueenCharlotteHospitalProject.aspx.

Royal Inland Hospital, Clinical Services Building (Kamloops)
Construction of the Clinical Services Building at Royal Inland Hospital commenced in April 2014 as a part of the first phase of redevelopment at Royal Inland Hospital. The Clinical Services Building, located on the north site of the RIH campus, is a six level structure that will include two levels of clinical program space and four levels of parking (with 350 stalls). Clinical services include ambulatory clinics, an outpatient lab, community respiratory therapy, cardiopulmonary/neurodiagnostics, intravenous therapy, pre-surgical screening and operating room booking, as well as teaching space for the UBC medical school program and educational space for continued health professional training. The project will also provide improved vehicle and pedestrian access to the Royal Inland Hospital campus. The first phase of redevelopment is estimated to cost $80 million and will be cost shared with the Thompson Regional Hospital District and the Interior Health Authority. Opening of the new Clinical Services Building is planned for spring 2016.

For more information about the Royal Inland Hospital Project, please see the website at http://www.interiorhealth.ca/sites/BuildingPatientCare/RIH/Pages/default.aspx.

St. Paul's Hospital Redevelopment
Providence Health Care (PHC) announced plans for a new St. Paul's Hospital and health care campus to be located at the 18.5 acre Station Street site in Vancouver. The new hospital and health campus will provide modern and state-of-the art treatment for patients who need medical care both inside and outside of an acute care hospital. The Ministry of Health will provide $500 million and PHC will contribute the balance of the cost. A detailed project schedule and budget will be determined through the business plan process.

Royal Columbian Hospital (RCH) Redevelopment
The business plan has been approved for phase one of the RCH Redevelopment project, which includes a 75-bed mental health and substance use facility to replace the aging 30-bed Sherbrooke Centre; and a new parkade and an energy centre to provide the power and utilities infrastructure required to support the current campus and future work. The helipad will also be relocated. The total capital cost is estimated at $258.9 million with the provincial government contributing $249.8 million. The Royal Columbian Hospital Foundation has committed $9.1 million to the project. The overall redevelopment project will be completed in three phases. Phase one begins with construction starting fall 2015 for the helipad, and in 2016 for the mental health and substance use facility and energy centre. Phase one is scheduled to be complete in 2019. In addition, the Province signed a Memorandum of Understanding with the City of New Westminster on planning for future improved road, bike, and pedestrian access to better meet the hospital's needs.

For more information about the Royal Columbian Hospital redevelopment, please see the website at http://www.fraserhealth.ca/about_us/building_for_better_health/royal_columbian_hospital/.

Joseph and Rosalie Segal Family Centre, Vancouver General Hospital
Site preparation work began in January 2015 for the new Joseph and Rosalie Segal Family Health Centre with construction expected to start in spring 2015. The Centre will help mental health professionals provide better care to patients and their families in a modern environment when it opens in summer 2017. Total capital cost is estimated at $82 million, with the provincial government contributing $57 million. The VGH and UBC Hospital Foundation has committed $25 million to the new centre, including $12 million from Joseph and Rosalie Segal. The Centre will focus on a patient-centred therapeutic environment that meets high standards of modern psychiatric care and is also expected to improve health outcomes for British Columbians. The Centre will include the following: eight floors, 12,250 square metres (approximately 131,900 square feet), 100 private patient rooms, each with its own bathroom; natural light in most areas and the use of calming colours and textures to create healing environments; quiet places on each floor for reading and meditating; access to outdoor gardens and courtyards, as well as exercise facilities, televisions and the internet; improved patient and staff safety and security. The Joseph and Rosalie Segal Family Health Centre will provide short-term, acute care to those suffering from major depression, anxiety, schizophrenia, psychotic and mood disorders, and drug and alcohol addiction.

For more information about the Joseph and Rosalie Segal Family Centre project, please see the website at
http://www.vch.ca/about-us/development-projects/joseph-rosalie-segal-family-health-centre.

Patient Care Tower, Penticton Regional Hospital
On July 30, 2014, Government announced approval of the business plan for the Patient Care Tower Project at Penticton Regional Hospital. The project will proceed in two phases with the first phase being construction of the new patient care tower including a new surgical services centre and 84 medical/surgical inpatient beds in single patient rooms. Phase two will involve the renovation of vacated areas in the current hospital to allow for the expansion of the emergency department as well as renovations to existing support areas. Procurement for construction of the new patient care tower is underway and three shortlisted proponents were identified through a Request for Qualifications process as a first step in selecting a qualified team to design, build, finance and maintain the new patient care tower. The Request for Proposals (RFP) was issued to the shortlisted proponents in February 2015 and a preferred proponent is expected to be identified early in 2016. Phase one construction is expected to begin in spring 2016 and complete in 2019. Phase two is estimated to complete in 2020. The capital cost of the project is estimated at up to $325 million, and will be shared between the Province, the Okanagan Similkameen Regional Hospital District and the South Okanagan Similkameen Medical Foundation.

For more information about the Penticton Regional Hospital project, please see the website at http://www.interiorhealth.ca/sites/BuildingPatientCare/PRH/Pages/default.aspx.

Clinical and Systems Transformation Project

The primary purpose of the Clinical and Systems Transformation (CST) Project is to establish a common standardized, integrated, end-to-end clinical information system and environment for Provincial Health Services Authority, Vancouver Coastal Health Authority and Providence Health Care.

The vision of this integrated system is "One Person. One Record. Better Health." A single health record for each patient will promote high quality care and improve health outcomes throughout the region by ensuring clinicians have a greater level of accurate and consistent patient information. A single electronic health record per patient across the continuum of care (acute, ambulatory, and residential integrated with lab, medical imaging, health information, and pharmacy) will streamline the care process, improve the safety and efficiency of patient care, and provide clinicians with a longitudinal view of a patient's medical history for better care decisions. The total capital cost of the project is estimated to be $480 million over ten years.

Appendix A: Contact Information and Hyperlinks

Ministry of Health (www.gov.bc.ca/health)
PO Box 9639, Stn Prov Govt
Victoria, British Columbia V8W 9P1
Toll free in B.C.: 1-800-465-4911
In Victoria: 250-952-1742

Health Insurance BC (www.hibc.gov.bc.ca)
Medical Services Plan
PO Box 9035 Stn Prov Govt
Victoria, British Columbia V8W 9E3
Toll free in B.C.: 1-800-663-7100
Lower Mainland: 604-683-7151

Health Insurance BC (www.hibc.gov.bc.ca)
PharmaCare
PO Box 9655 Stn Prov Govt
Victoria, British Columbia V8W 9P2
Toll free in B.C.: 1-800-663-7100
Lower Mainland: 604-683-7151

HealthLink BC (www.healthlinkbc.ca)
By phone: 8-1-1
For deaf and hearing-impaired assistance (TTY) call 7-1-1

Ministry of Health – Seniors Advocate (www.seniorsadvocatebc.ca)

Ministry of Health – Healthy Families BC (http://www.healthyfamiliesbc.ca/)
Email: healthyfamiliesbc@gov.bc.ca

Office of the Provincial Health Officer (www.health.gov.bc.ca/pho/)
PO Box 9648, Stn Prov Govt
Victoria, British Columbia V8W 9P4
In Victoria: 250-952-1330

Patient Care Quality Review Board (www.patientcarequalityreviewboard.ca/index.html)
PO Box 9643 Stn Prov Govt
Victoria, British Columbia V8W 9P1
Toll free in B.C.: 1-866-952-2448
Email: contact@patientcarequalityreviewboard.ca

Vital Statistics Agency
PO Box 9657 Stn Prov Govt
Victoria, British Columbia V8W 9P3
Toll free in B.C.: 1-888-876-1633
In Victoria: 250-952-2681

British Columbia's Health Authorities

Fraser Health Authority www.fraserhealth.ca

Interior Health Authority
www.interiorhealth.ca

Northern Health Authority
www.northernhealth.ca

First Nations Health Authority www.fnha.ca

Provincial Health Services Authority
www.phsa.ca

Vancouver Coastal Health Authority
www.vch.ca

Vancouver Island Health Authority
www.viha.ca

Appendix B: Minister's Mandate and Actions Summary

In the Premier's annual Mandate Letter to the Minister dated June 10, 2013, the Minister of Health received direction on strategic priorities for the 2014/15 fiscal year. These priorities and the Ministry's resulting actions are summarized below:

Mandate Letter Direction	Ministry's Action
1. Balance your ministerial budget in order to control spending and ensure an overall balanced budget for the province of British Columbia.	Achieved the Ministry budget targets, ending the 2014/15 fiscal year with a surplus of $69.3 million. Factors that contributed to this achievement included successfully lowering prices for generic drugs to 20 per cent of brand name drugs, lower than expected utilization in the Medical Services Plan and realizing efficiencies in corporate services.
2. Ensure services are delivered within health authority budget targets.	Ensured delivery of services within cumulative budget targets. Actions taken to achieve these targets included consolidating administrative functions across health authorities and implementing shared purchasing of certain drugs, equipment and supplies.
3. Review and recommend to Cabinet within eight months the priorities of a new government to ensure maximum value for taxpayers while providing maximum benefit to patients.	Published *Setting Priorities for the B.C. Health System* in February 2014 that outlines a refreshed strategic and operational planning framework. This new strategic direction builds on successes achieved in recent years, and is informed by in-depth analysis, research and consultation.
4. Continue our government's change and innovation agenda within the health care sector. We will continue to strive for better outcomes for patients while ensuring the best possible value for money.	The refreshed health system strategy builds upon successes achieved through the Innovation and Change Agenda, and focuses on delivering a patient-centred culture across all health sector services and programs, while improving on the quality of service outcomes. Quality of service outcomes are evidenced by B.C.'s performance compared to other jurisdictions. For example, B.C. has: • The highest life expectancy in Canada (82 years in B.C. versus 81 years across Canada) and among the highest in the world (70 years). • The best results in Canada for health care outcomes and cancer treatment. • Among the lowest rates of heart disease and infant mortality. • Among the lowest in per capita health spending.

5. Ensure full implementation of the provincial mental health plan, *Healthy Minds, Healthy People.*	Continued to implement the *Healthy Minds, Healthy People: A Ten-Year Plan to Address Mental Health and Substance Use in British Columbia* with initiatives: • Achieved significant progress during the first three years of implementing a ten-year plan. Three of six plan milestones have been fully accomplished, two are ahead of schedule, and work continues on the remaining three, which have target dates of 2015 and 2018. • Released the provincial Action Plan: *Improving Health Services for Individuals with Severe Addiction and Mental Illness* to reduce barriers and service gaps, and support evidence-based solutions for this high-needs population. Key accomplishments in the first 120 days: o Established two new Assertive Community Treatment (ACT) teams in Vancouver. o Developed a first-in-BC Assertive Outreach Team (AOT) targeted to the high-risk severe addiction and mental illness (SAMI) population in the Downtown Eastside. o Reconfigured mental health services at St. Paul's emergency department to better meet the needs of this population including adding a nine-bed Acute Behavioural Stabilization Unit. o Developed information sharing protocols between key agency partners (e.g. local police and health service providers). o Streamlined access to the Burnaby Centre for Mental Health and Addiction. o Expanded the Inner City Youth team, doubling its capacity to serve at-risk youth.
6. Successfully conclude labour negotiations within the health sector for the 2014 round of collective bargaining.	Collective agreements with four of five health sector bargaining associations have been achieved under the government's Economic Stability Mandate, including: • Health Science Professionals Bargaining Association • Community Bargaining Association • Facilities Bargaining Association • Professional Association of Residents - BC Negotiations with the Nurses Bargaining Association are expected to commence in 2015/16.

	A new five year Physician Master Agreement was negotiated with the Doctors of BC. New five year agreements have also been concluded with Midwives Association and Dental Association of BC.
7. Complete laboratory reform initiative and achieve required savings.	The *Laboratory Services Act* received Royal Assent on April 9, 2014. The legislation provides the authority to: • Better coordinate in-patient and out-patient clinical laboratory services. • Enter into agreements with service providers to provide greater certainty regarding costs.
8. Increase the scope of practice for Nurse Practitioners in B.C. by working with regulatory bodies and professional organizations.	The Ministry introduced legislation to enable Nurse Practitioners (NPs) to practice to full scope. Amendments to nine statutes were passed when Bill 17 received Royal Assent. This legislation allows NPs to better utilize their skills and further integrate into the health care system to ultimately improve efficiencies in the health care system for patients. Proposed amendments to the Nurses (Registered) and Nurse Practitioners Regulation have been posted for a three month period to receive comments on changes that would increase NPs scope of practice to allow NPs to prescribe controlled drugs and substances and order MRIs.
9. Create and implement addiction space expansion that includes a significant role for the non-profit sector in the delivery of these new spaces by 2017 as committed in Strong Economy, Secure Tomorrow.	Established foundational elements and developed key strategies for the future expansion of new addiction spaces. Conducted a needs-based assessment to determine the location and type of services required for high-needs addictions users. Opened the rehabilitation and recovery program run by the non-profit Coast Mental Health on the Riverview grounds, providing intensive programming to support those with mental health and addictions issues. Opened the Acute Behavioural Stabilization Unit at St. Paul's, a dedicated psychiatric treatment space staffed by an interdisciplinary team of specialized healthcare professionals and social workers, and supported by addictions consultants.

10. Continue executing our government's end of life care strategy and create plan for hospice plan expansion and begin process of doubling the number of hospice spaces in B.C. by 2020.	Formulated an approach for the expansion of hospice space in B.C., including the development of regional plans and engagement with sector partners. The Ministry of Health and health authorities provide a range of services to support people to receive palliative and end-of-life care in the care settings that best meet their needs, including: at home, in hospital, in long-term care facilities, and in free-standing hospice residences (often simply called hospices).
11. Work with provincial health authorities to develop a preventative health plan for the province.	Developed the Healthy Families BC Policy Framework, which outlines how the Ministry and health authorities will work to address risk and protective factors for chronic disease and injury prevention, and promote healthy living for all British Columbians. The Healthy Families BC Policy Framework builds on the following successes: • Expansion of Shapedown BC and implementation of Mind, Exercise, Nutrition, Do It! (MEND) program, both as part of the Childhood Healthy Weights Intervention Initiative. MEND is now offered through recreation centres in 15 B.C. communities. • Continued expansion of the Informed Dining program with 62 national restaurant chains representing about 2,069 restaurant outlets in B.C. and 11,039 outlets nationally. The program provides customers with nutrition information for all of their standard menu items. • Partnership agreements with regional health authorities in 52 per cent of communities to improve health and well-being. • Completion of joint health authority/local government healthy living strategic plans in 48 per cent of B.C. communities. • Launch of BC Healthy Connections Project, enrolling pregnant, young, first-time, vulnerable mothers into the Nurse Family Partnership (NFP), an intensive public health nursing home visitation program. 696 young vulnerable first-time mothers have enrolled, of whom 511 have received the NFP intervention, and a further 185 are being followed to assess their engagement in existing services.